LINDEN GROVE-MUKWONAGO 837 COUNTY ROAD NN EAST

MUKWONAGO 53149 Phone: (262) 363-68	30	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	56	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	56	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	55	Average Daily Census:	53

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	% 	. 5 1	\{\bar{\}}		16.4 47.3
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0		18.2
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	45.5 1.8		5.5 16.4	 	81.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	70.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.3		
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	3.6		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	10.9	65 & Over	100.0		
Transportation	No	Cerebrovascular	5.5			RNs	10.5
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.6
Other Services	Yes	Respiratory	5.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.3	Male	9.1	Aides, & Orderlies	47.4
Mentally Ill	No			Female	90.9	[
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	96	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	345	20	76.9	129	0	0.0	0	21	100.0	199	0	0.0	0	0	0.0	0	49	89.1
Intermediate				6	23.1	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	10.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		26	100.0		0	0.0		21	100.0		0	0.0		0	0.0		55	100.0

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LINDEN GROVE-MUKWONAGO

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12/	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		83.6	16.4	55
Other Nursing Homes	1.7	Dressing	5.5		78.2	16.4	55
Acute Care Hospitals	90.6	Transferring	18.2		69.1	12.7	55
Psych. HospMR/DD Facilities	1.7	Toilet Use	14.5		80.0	5.5	55
Rehabilitation Hospitals	0.0	Eating	61.8		29.1	9.1	55
Other Locations	6.0	*****	*****	*****	* * * * * * * * * * * * * * * * *	******	*****
otal Number of Admissions	117	Continence		용	Special Treatme	nts	양
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	9.1	Receiving Res	piratory Care	0.0
Private Home/No Home Health	20.0	Occ/Freq. Incontinen	t of Bladder	69.1		cheostomy Care	0.0
Private Home/With Home Health	11.3	Occ/Freq. Incontinen	it of Bowel	67.3	Receiving Suc	tioning -	0.0
Other Nursing Homes	0.0	-			Receiving Ost	omy Care	3.6
Acute Care Hospitals	13.9	Mobility			Receiving Tub	e Feeding	0.0
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed.	0.0	Receiving Mec	hanically Altered Diets	21.8
Rehabilitation Hospitals	0.0						
Other Locations	32.2	Skin Care			Other Resident	Characteristics	
Deaths	21.7	With Pressure Sores		5.5	Have Advance	Directives	0.0
otal Number of Discharges	į	With Rashes		0.0	Medications		
(Including Deaths)	115 i				Receiving Psy	choactive Drugs	70.9

	This	Other 1	Hospital-	P	11
	Facility	Based Facilities		Faciltie	
	8	용	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	90.1	1.05	87.4	1.08
Current Residents from In-County	80.0	83.8	0.95	76.7	1.04
Admissions from In-County, Still Residing	14.5	14.2	1.03	19.6	0.74
Admissions/Average Daily Census	220.8	229.5	0.96	141.3	1.56
Discharges/Average Daily Census	217.0	229.2	0.95	142.5	1.52
Discharges To Private Residence/Average Daily Census	67.9	124.8	0.54	61.6	1.10
Residents Receiving Skilled Care	89.1	92.5	0.96	88.1	1.01
Residents Aged 65 and Older	100.0	91.8	1.09	87.8	1.14
Title 19 (Medicaid) Funded Residents	47.3	64.4	0.73	65.9	0.72
Private Pay Funded Residents	38.2	22.4	1.70	21.0	1.82
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	47.3	32.9	1.44	33.6	1.41
General Medical Service Residents	27.3	22.9	1.19	20.6	1.33
Impaired ADL (Mean) *	46.2	48.6	0.95	49.4	0.93
Psychological Problems	70.9	55.4	1.28	57.4	1.24
Nursing Care Required (Mean)*	3.9	7.0	0.55	7.3	0.53